

EXHIBIT B -- MOTION FINANCING STATEMENTS

Michigan Department of State - Uniform Commercial Code

Document Number:

2007145910-9

Filing Date and Time:

9/17/2007 6:32:20 PM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Diligentz, Inc. 6500 Harbour Hts Pkwy Suite 400 Mukilteo WA 98275	

(This document was
filed electronically.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1290 N Shoop Avenue			CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS			1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	1g. ORGANIZATIONAL ID #, if any 208973381
					<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS			2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
					<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 995 Dalton Ave.			CITY Cincinnati	STATE OH	POSTAL CODE 45203
					COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 102355000 to Master Lease Agreement dated 9/12/2007 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described below hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
7601 Dillon Hwy

5. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> LESSEE/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOL	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA [29002063]						

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11a. ORGANIZATION'S NAME				
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11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Hudson, MI 49247

County: Lenawee ***** Equipment List for above location *****

Qty	Ser #	Description
1	(5-095035)	Masey Ferguson Tractor
1	(5-095051)	Masey Ferguson Tractor
1	(5-102003)	Masey Ferguson Tractor
1	(5-095043)	Masey Ferguson Tractor
1	(5-095024)	Masey Ferguson Tractor
1	(5-095047)	Masey Ferguson Tractor
1	(5-094072)	Masey Ferguson Tractor

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Michigan Department of State - Uniform Commercial Code

Document Number:

2007165521-8

Filing Date and Time:

10/22/2007 6:03:40 PM

(This document was
filed electronically)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Dillgerz, Inc.	
6500 Harbour Hts Pkwy	
Suite 400	
Mukilteo	WA 98275

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OR				
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COUNTRY US				
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	1g. ORGANIZATIONAL ID #, if any 208973381
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COUNTRY				
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				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
COUNTRY US				

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All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 103373000 to Master Lease Agreement dated 9/12/07 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described below hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

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Great Lakes AG, LLC
7601 Dillon Hwy

5. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> LESSEE/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOB	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA [29788385]						

UCC FINANCING STATEMENT ADDENDUM

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9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

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11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Hudson, MI 49247

County: Lenawee

***** Equipment List for above location *****

Qty	Ser #	Description
1	(CL492-04961)	CLAAS MODEL JAQUAR 900 SPEEDSTAR 909 SERIES 492 SELF PROPELLED HARVESTER
1	(0235)	USA EQUIPMENT MODEL 2000CF
1	(0236)	USA EQUIPMENT/VREBA EQUIPMENT MODEL 2000CF
1	(0237)	USA EQUIPMENT/VREBA EQUIPMENT MODEL 2000CF
1	(R171022)	MASSEY FERGUSON MODEL 8450 DYNA-STEP TYPE Y23C43GQ113A FIELD TRACTOR
1	(R209019)	MASSEY FERGUSON MODEL 8450 DYNA-STEP TYPE Y23C43GQ113A FIELD TRACTOR
1	(R208028)	MASSEY FERGUSON MODEL 8450 DYNA-STEP TYPE Y23C43GQ113A FIELD TRACTOR
1	(SI078865449)	MEYER MODEL INDUSTRIAL 8865 TOWABLE SLURRY SPREADER
1	(42902640)	CLAAS MODEL 902640 GRASS HEADER
1	(638490)	KONGSKILDE MODEL 2810-80 TOWABLE VIBROTILL FIELD CULTIVATOR
1	(638500)	KONGSKILDE MODEL 2810-80 TOWABLE VIBROTILL

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

15. Name and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest):

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT9a. ORGANIZATION'S NAME
Great Lakes AG, LLC

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS

CITY STATE POSTAL CODE COUNTRY

11d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR**11e. TYPE OF ORGANIZATION****11f. JURISDICTION OF ORGANIZATION****11g. ORGANIZATIONAL ID #, if any**☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

12c. MAILING ADDRESS

CITY STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.**14. Description of real estate:****16. Additional collateral description:**

FIELD CULTIVATOR
 1 (100007) LANDA MODEL VH68-300024C 3,000 PSI PRESSURE
 CLEANING SYSTEM
 1 (5371) AG-CHEM TOWABLE HOSE WINDER
 1 (1FDXF46S1YED41804) 2000 FORD MODEL F-450 SERVICE
 TRUCK
 1 (1GTHK23104F113995) 2004 GMC MODEL SIERRA 2500 HD
 4/4 PICKUP TRUCK
 1 (088865229) MEYER MODEL INDUSTRIAL 8865 TOWABLE SLURRY
 SPREADER
 1 (088865228) MEYER MODEL INDUSTRIAL 8865 TOWABLE SLURRY
 SPREADER
 1 (0327) USA EQUIPMENT MODEL 8000 8,000 GAL TOWABLE
 SLURRY TANKER
 1 (0324) USA EQUIPMENT MODEL 8000 8,000 GAL TOWABLE
 SLURRY TANKER
 1 (No Serial Number) USA EQUIPMENT MODEL 7000 7,000
 GAL TOWABLE SLURRY TANKER
 1 (326) USA EQUIPMENT MODEL 8000 8,000 GAL TOWABLE
 SLURRY TANKER
 1 (332) USA EQUIPMENT MODEL 8000 8,000 GAL TOWABLE

15. Name and address of a RECORD OWNER of above-described real estate
(If Debtor does not have a record interest):17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

UCC FINANCING STATEMENT ADDENDUM

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9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
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11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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14. Description of real estate:

16. Additional collateral description:

SLURRY TANKER
 1 (0070) USA EQUIPMENT MODEL 7000 7,000 GAL TOWABLE
 SLURRY TANKER
 1 (0058B) USA EQUIPMENT MODEL BB 570 XL TOWABLE SLURRY
 INJECTOR
 1 (No Serial Number) WESTENDORF MODEL WL12 TOWABLE
 SINGLE AXLE LAND SCRAPER
 1 (19499) VIRNING RUBBER BOTTOM SCRAPER
 1 (37627) VIRNING PALLET FORK ATTACHMENT
 1 (42945) VIRNING LEVELER ATTACHMENT
 1 (IDS72/C104712) WOODS MODEL SUPER TURF RENOVATOR/S72
 TOWABLE LAWN
 1 (4JAES20277G114349) 2007 PEQUA MODEL DO DECKOVER
 TRAILER
 1 (040 401-KG755) KUHN MODEL TB-211 TOWABLE DITCH M
 OWER
 ***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate
(If Debtor does not have a record interest):17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Diligenz, Inc.	
6500 Harbour Hts Pkwy	
Suite 400	
Mukilteo	WA 98275

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1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	1g. ORGANIZATIONAL ID #, if any 208973381
				<input type="checkbox"/> NONE

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OR				
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2d. SEE INSTRUCTIONS		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR				
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR(S)) - Insert only one secured party name (3a or 3b)

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8. OPTIONAL FILER REFERENCE DATA [30114174]						

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14. Description of real estate:

16. Additional collateral description:

Hudson, MI 49247

County: Lenawee

***** Equipment List for above location *****

Qty	Ser #	Description
1	(26795)	MASSEY FERGUSON TOWABLE BRUSH MOWER
1	(60502271)	CLAAS 605/040 TOWABLE HAY RAKE
1	(655619)	KINZE 3650 TOWABLE CORN PLANTER
1	(No Serial Number)	YANGZHOU RUN YANG TYC-114 PORTABLE MANURE CARGO CONTAINER
1	(1801-075941-486D6100)	HOULE 7300 MANURE TRANSFURE TANKER
1	(1801-075940-486D6100)	HOULE 7300 MANURE TRANSFURE TANKER
1	(3FDXF4651XMA32455)	FORD 1999 F-450 SUPER DUTY SERVICE TRUCK
1	(1FDXF46F6YEB84435)	FORD 1999 F-450 SUPER DUTY SERVICE TRUCK
1	(CR43021)	MASSEY FERGUSON 3625 TRACTOR
1	(CR44029)	MASSEY FERGUSON 3645 TRACTOR
1	(No Serial Number)	SUN FLOWER 1434-29 DISC
1	(R208074)	MASSEY FERGUSON 8450 TRACTOR

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one boxDebtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate**18. Check only if applicable and check only one box**

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT9a. ORGANIZATION'S NAME
Great Lakes AG, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Michigan Department of State - Uniform Commercial Code

Document Number:

2007173956-9

Filing Date and Time:

11/6/2007 3:30:06 PM*(This document was
filed electronically.)*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONSADDL INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID#, if any

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:1 (7637ER25050) MASSEY FERGUSON 563 TRACTOR
1 (R130002) MASSEY FERGUSON 8480 TRACTOR
1 (CR49013) MASSEY FERGUSON 3645 TRACTOR

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Michigan Department of State - Uniform Commercial Code

Document Number:

2007180193-0

Filing Date and Time:

11/19/2007 9:58:12 AM

*(This document was
filed electronically.)***UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Diligenz, Inc. 6500 Harbour Hts Pkwy Suite 400 Mukilteo WA 98275	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC				
OR	1b. INDIVIDUAL'S LAST NAME			
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	1g. ORGANIZATIONAL ID #, if any 208973381
				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S LAST NAME			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR	3b. INDIVIDUAL'S LAST NAME			
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
				COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 105203000 to Master Lease Agreement dated 9/12/07 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
1290 N Shoop Avenue

5. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> LESSEE/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOB	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA [30399072]						

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

Great Lakes AG, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Michigan Department of State - Uniform Commercial Code

Document Number:

2007180193-0

Filing Date and Time:

11/19/2007 9:58:12 AM*(This document was
filed electronically.)*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Wauseon, OH 43567

County: Fulton ***** Equipment List for above location *****

Qty Ser # Description

1 (No Serial Number) 2007 USA Barn Cleaner MF563

1 (No Serial Number) 2007 USA Barn Cleaner MF420

1 (No Serial Number) 2007 USA Equipment Feed Mixer
1600CF

1 (7637ER25044) 2007 USA Barn Cleaner MF563

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Michigan Department of State - Uniform Commercial Code

Document Number:

2007203511-4

Filing Date and Time:

12/31/2007 5:51:47 PM

*(This document was
filed electronically.)***UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Diligenz, Inc. 6500 Harbour Hts Pkwy Suite 400 Mukilleo WA 98275	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI
			1g. ORGANIZATIONAL ID #, if any 208973381	<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
				2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR(S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
				COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 106705000 to Master Lease Agreement dated 9/12/07 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
1290 N Shoop Avenue

5. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> LESSEE/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOB	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA [31198010]						

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Michigan Department of State - Uniform Commercial Code

Document Number:

2007203511-4

Filing Date and Time:

12/31/2007 5:51:47 PM

*(This document was
filed electronically.)*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Wauseon, OH 43567

County: Fulton ***** Equipment List for above location *****

Qty	Ser #	Description
1	(S183069)	MASSY 5465 TRACTOR
1	(S207084)	MASSY 8450 AWD CAR 50K
1	(S25012)	MASSY 8450 AWD CAR 50K
1	(S199027)	MASSY 8450 TRACTOR (AWD) 40K
1	(206055)	MASSY 6485 TRACTOR (AWD)
1	(206055)	MASSY 6485 TRACTOR (AWD)
1	(206055)	MASSY 6485 TRACTOR (AWD)
1	(206055)	MASSY 6485 TRACTOR (AWD)

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Michigan Department of State - Uniform Commercial Code

Document Number:

2008047704-5

Filing Date and Time:

3/26/2008 9:31:21 PM

*(This document was
filed electronically.)***UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Diligenz, Inc. 6500 Harbour Hts Pkwy Suite 400 Mukilteo WA 98275	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	
ADD'L INFO RE ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any 208973381		<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR		2g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
		COUNTRY US		

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 109523000 to Master Lease Agreement dated 9/12/07 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described hereto and made a part hereof, all replacements, substitutions, attachments, acccessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
7601 Dillon Hwy

5. ALTERNATIVE DESIGNATION [if applicable]: <input checked="" type="checkbox"/> LESSEE/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOBR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA [33190067]						

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS (front and back) CAREFULLY****9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Michigan Department of State - Uniform Commercial Code

Document Number:

2008047704-5

Filing Date and Time:

3/26/2008 9:31:21 PM

*(This document was
filed electronically.)*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Hudson, MI 49247

County: Lenawee ***** Equipment List for above location ****

Qty	Ser #	Description
1	(3086)	1450 CF Feed Mixer
1	(0722007)	USA Barn Cleaner Model BC2200; MF 563 SN:7637 ER 25048
1	(0722006)	USA Barn Cleaner Model BC2200; MF 563 SN:7637 ER 25049

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Michigan Department of State - Uniform Commercial Code

Document Number:

2008072577-5

Filing Date and Time:

5/8/2008 5:51:30 PM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Diligenz, Inc. 6500 Harbour Hts Pkwy Suite 400 Mukilton WA 98275	

(This document was
filed electronically)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	1g. ORGANIZATIONAL ID #, if any 208973381
				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR				
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
				COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 111169000 to Master Lease Agreement dated 9/12/2007 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
7601 Dillon Hwy

5. ALTERNATIVE DESIGNATION (if applicable):		<input checked="" type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum.		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)		All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/>			
8. OPTIONAL FILER REFERENCE DATA [34058643]							

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS (front and back) CAREFULLY****9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Michigan Department of State - Uniform Commercial Code

Document Number:

2008072577-5

Filing Date and Time:

5/8/2008 5:51:30 PM

*(This document was
filed electronically)*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Hudson, MI 49247

County: Lenawee ***** Equipment List for above location ****

Qty	Ser #	Description
1	(S-185032)	Massy 8480 Tractor
1	(C0955ANTSG1042)	Challenger MT955B Tractor w/ 18' Grouser Dozer Blade

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Michigan Department of State - Uniform Commercial Code

Document Number:

2008083077-8

Filing Date and Time:

5/27/2008 6:10:00 PM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Kara Golden	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Dillgerz, Inc. 6500 Harbour Hts Pkwy Suite 400 Mukilteo WA 98275	

(This document was
filed electronically)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	
ADD'L INFO RE ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any 208973381		
<input type="checkbox"/> NONE				

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR		2g. ORGANIZATIONAL ID #, if any		
<input type="checkbox"/> NONE				

3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
				COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 111818000 to Master Lease Agreement dated 9/12/07 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
7601 Dillon Hwy

5. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> LESSOR/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOB	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA [34522383]						

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS (front and back) CAREFULLY****9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**9a. ORGANIZATION'S NAME
Great Lakes AG, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Hudson, MI 49247

County: Lenawee

***** Equipment List for above location *****

Qty	Ser #	Description
1	(10638597)	VALLEY CENTER PIVOT 901' DILLON 2 WEST
3/4		
1	(10638606)	VALLEY CENTER PIVOT 804' DILLON 1 WEST
1	(10638614)	VALLEY CENTER PIVOT 722' DILLON 1 NORTH
H		
1	(10638618)	VALLEY CENTER PIVOT 637' DILLON 3 SOUTH
H		
9874	(No Serial Number)	FT. 8" PVC-100 LB PIPE (STICKS)
4972	(No Serial Number)	FT. 6" PVC-100 LB PIPE (452 STICKS)

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

6100	(No Serial Number)	FT 8/3 COPPER WIRE W/ GROUND
1400	(No Serial Number)	FT 6/3 COPPER WIRE W/ GROUND
5	(No Serial Number)	WIRING @ PIVOT POINTS - ONLY PARTS & INSTALLATION
3	(No Serial Number)	JUNCTION BOX FOR PIVOTS - ONLY PARTS & INSTALLATION

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

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OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
				SUFFIX
11c. MAILING ADDRESS			CITY	STATE
			POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
				SUFFIX
12c. MAILING ADDRESS			CITY	STATE
			POSTAL CODE	COUNTRY

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14. Description of real estate:

16. Additional collateral description:

7 (No Serial Number) HOTSHOT RADIO TRANSMITTERS FOR SAFETY-INSTALLED
 1 (No Serial Number) HOTSHOT RADIO RECEIVERS FOR SAFETY-INSTALLED
 4 (No Serial Number) 6" WATER HOOKUPS-ONLY PARTS & INSTALL
 4 (No Serial Number) 6" WATER HOOKUPS (127)-ONLY PARTS & INSTALL
 1 (No Serial Number) 6"x6" IPS 45 UNDERGROUND ELBOW
 1 (No Serial Number) 8"x8" IPS REPAIR COUPLERS UNDERGROUND-EXT
 1 (No Serial Number) 6"x6" IPS REPAIR COUPLERS UNDERGROUND-EXT
 5 (No Serial Number) 6"x8" IPS REDUCERS UNDERGROUND
 1 (No Serial Number) 6"x6"x6" IPS UNDERGROUND TEE
 3 (No Serial Number) 6"x6"x42" IPS END RISERS
 1 (No Serial Number) 8"x8"x8" IPS CROSS UNDERGROUND
 2 (No Serial Number) 8" GEAR OPERATED BUTTERFLY VALVE W/NUTS & BOLTS
 2 (No Serial Number) 8" IPS FLANGE ADAPTER X FE X RINGLOCK

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective 30 years

15. Name and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest):

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT9a. ORGANIZATION'S NAME
Great Lakes AG, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

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FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

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CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.**14. Description of real estate:****16. Additional collateral description:**

NUTS & BOLTS

2 (No Serial Number) 8" IPS PVC TO 8" STEEL COMPRESSION FITTING

2 (No Serial Number) 8" RING LOCK CLAMPS

1 (No Serial Number) 6" GEAR OPERATED BUTTERFLY VALVE

NUTS & BOLTS

1 (No Serial Number) 8" FL X 6" FL ADAPTER REDUCER

NUTS & BOLTS

1 (No Serial Number) DOBBS 60 HP FLOATING PUMPS 3600

RPM 480 3PHASE PLASTIC FLOATS W/ 125'-8" HOSES & 125' #4 S/O CABLE

DS6797 W/ FREIGHT

1 (No Serial Number) 8" FLOW METERS

6 (No Serial Number) 8" WELD-ON FLANGES 2-8" GASKETS-8

SETS NUTS & BOLTS

1 (No Serial Number) 6"X6" IPS REPAIR COUPLERS UNDE

RGROUND-EXT

1 (No Serial Number) VALLEY TRACKERS FOR PUMP CONTROLS

-INSTALLED

***** Equipment List End *****

Great Lakes AG, LLC

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate**18. Check only if applicable and check only one box.**☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years**15. Name and address of a RECORD OWNER of above-described real estate**
(If Debtor does not have a record interest):

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME Great Lakes Ag, LLC		
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11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
11d. SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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				COUNTRY

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14. Description of real estate:

16. Additional collateral description:

1290 N Shoop Avenue
Wauseon, OH 43567
County: Fulton
***** Equipment List for above location *****
Qty Ser # Description
1 (No Serial Number) 8"X52" IPS ZEE PIPE FLX FE W/
PLUGS
***** Equipment List End *****

Great Lakes Ag, LLC
8530 South Meridian Road
Hudson, MI 49247
County: Lenawee

***** Equipment List for above location *****
Qty Ser # Description

1 (10638475) VALLEY CENTER PIVOT 1047' LUMA/MARY 1
1 (10638477) VALLEY CENTER PIVOT 556' MARY/NORTH
1 (10638483) VALLEY CENTER PIVOT 916' MARY/WEST
1 (10638488) VALLEY CENTER PIVOT 1007' MELVIN LAKE /STEVE
1 (10638509) VALLEY CENTER PIVOT 984' GAMBLE 1 WES

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☐ Debtor is a TRANSMITTING UTILITY
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☐ Filed in connection with a Public-Finance Transaction — effective 30 years

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11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. SEE INSTRUCTIONS		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR				

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

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				COUNTRY

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14. Description of real estate:

16. Additional collateral description:

T
1 (10638569) VALLEY CENTER PIVOT 719' GAMBLE 2 EAS
T
1 (10638580) VALLEY CENTER PIVOT 1330' HARTLEY 1
1 (106358592) VALLEY CENTER PIVOT 567' HARTLEY 2
1 (10640139) VALLEY CENTER PIVOT 556' MARY 2 SOUTH
6 (No Serial Number) 8" WATER HOOKUPS (127) PIVOT PTS-ONLY
PARTS & INSTALL
5725 (No Serial Number) FT-8/3 COPPER WIRE W/ GROUND
D
14500 (No Serial Number) FT-6/3 COPPER WIRE W/ GROUND
ND
1 (No Serial Number) 6"X8" IPS 22 1/2 UNDERGROUND E
LBOW
6 (No Serial Number) 8"X8" IPS 45 UNDERGROUND ELBOW
2 (No Serial Number) 8"X8" IPS 22 1/2 UNDERGROUND E
LBOW
9 (No Serial Number) 8"X8" IPS 90 ELBOW UNDERGROUND
5 (No Serial Number) 6"X8" IPS REDUCERS UNDERGROUND
8 (No Serial Number) 8"X8"X8" IPS UNDERGROUND TEE
3 (No Serial Number) 8"X52" IPS ZEE PIPE FLX FE W/

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

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☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS (front and back) CAREFULLY****9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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14. Description of real estate:

16. Additional collateral description:

PLUGS

1 (No Serial Number) 8"X8"X6"X42" IPS LINE RISER

3 (No Serial Number) 6"X6"X42" IPS END RISERS

3 (No Serial Number) 8"X8"X42" IPS END RISER

3 (No Serial Number) 8"X8"X42" IPS LINE RISER FE X

FE

1 (No Serial Number) 8" GEAR OPERATED BUTTERFLY VALVE W/ NUTS & BOLTS

1 (No Serial Number) 8" IPS FLANGE ADAPTER X FE X RING LOCK NUTS & BOLTS

1 (No Serial Number) 8" RING LOCK CLAMPS

4 (No Serial Number) 8" WELD-ON FLANGES 2-8" GASKETS-8 SETS NUTS & BOLTS

1 (No Serial Number) 8" FLOW METERS

1 (No Serial Number) DOBBS 60 HP FLOATING PUMPS 3600

RPM 480 3PHASE PLASTIC FLOATS W/ 125'-8" HOSES & 125' #4 S/O CABLE DS6797 W/ FREIGHT

1 (No Serial Number) 8"X8" IPS REPAIR COUPLERS UNDE

RGROUND-EXT

1 (No Serial Number) VALLEY TRACKERS FOR PUMP CONTROLS

-INSTALLED

17. Check only if applicable and check only one box

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box

☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

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11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
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			<input type="checkbox"/> NONE

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14. Description of real estate:

16. Additional collateral description:

1 (No Serial Number) HOTSHOT RADIO RECEIVERS FOR SA
FETY-INSTALLED
10 (No Serial Number) HOTSHOT RADIO TRANSMITTERS FOR
SAFETY-INSTALLED
2 (No Serial Number) JUNCTION BOX FOR PIVOTS - ONLY
PARTS & INSTALLATION
9 (No Serial Number) WIRING @ PIVOT POINTS - ONLY PARTS
& INSTALLATION
4972 (No Serial Number) FT. 6" PVC-100 LB PIPE (452
STICKS)
14810 (No Serial Number) FT. 8" PVC-100 LB PIPE (ST
ICKS)
***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate
(If Debtor does not have a record interest):

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Michigan Department of State - Uniform Commercial Code

Document Number:

2008105608-2

Filing Date and Time:

7/3/2008 10:39:45 AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Kara Golden

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Diligenz, Inc.

6500 Harbour Hts Pkwy

Suite 400

Mukilteo

WA 98275

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Great Lakes AG, LLC				
OR	1b. INDIVIDUAL'S LAST NAME			
1c. MAILING ADDRESS 1290 N Shoop Avenue		CITY Wauseon	STATE OH	POSTAL CODE 43567
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MI	1g. ORGANIZATIONAL ID #, if any 208973381

NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S LAST NAME			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any

NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME National City Commercial Capital Company, LLC				
OR	3b. INDIVIDUAL'S LAST NAME			
3c. MAILING ADDRESS 995 Dalton Ave.		CITY Cincinnati	STATE OH	POSTAL CODE 45203
				COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other goods and all software and other general intangibles, whether now owned or existing or hereafter acquired or arising, leased to Debtor, as lessee, pursuant to Rental Schedule Number 112732000 to Master Lease Agreement dated 9/12/07 between Secured Party, as lessor, and lessee, as either of the foregoing may be amended, restated, replaced, superseded or assigned from time to time, including, without limitation, the property which is described hereto and made a part hereof, all replacements, substitutions, attachments, accessions, upgrades, parts and additions to such property, all options to purchase such property under such Rental Schedule, all supporting obligations pertaining to the foregoing, and all proceeds of the foregoing (cash and non-cash), including, without limitation, insurance proceeds and condemnation awards and all proceeds in the form of accounts, chattel paper, general intangibles, goods or instruments.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

Great Lakes AG, LLC
1290 N Shoop Avenue

5. ALTERNATIVE DESIGNATION (if applicable):		<input checked="" type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOB	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			
8. OPTIONAL FILER REFERENCE DATA (35290684)							

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS (front and back) CAREFULLY****9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME Great Lakes AG, LLC		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Michigan Department of State - Uniform Commercial Code

Document Number:

2008105608-2

Filing Date and Time:

7/3/2008 10:39:45 AM

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTIONS</u>	ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Wauseon, OH 43567

County: Fulton ***** Equipment List for above location *****

Qty	Ser #	Description
1	(3175)	USA EQUIPMENT 1600 CF FEED MIXER
1	(29054)	MASSY 5465 TRACTOR
1	(8450)	MASSY 8450 TRACTOR

***** Equipment List End *****

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years